North Carolina
Department of Health and Human Services
Division of Medical Assistance
Medical Policy
1985 Umstead Drive – 2511 Mail Service Center - Raleigh, N.C. 27699-2511
Courier Number 56-20-06

Michael F. Easley, Governor
Carmen Hooker Buell, Secretary

Nina M. Yeager, Director

Certification of Need: Medicaid Inpatient Psychiatric Services Under Age 21

Recipient Name: _____ Hospital: _____

Medicaid ID # _____ Provider # _____

Date of Birth: _____ Admission Date: _____

Type of Certification: (check 1 item)

_____ Pre-admission/elective

_____ Emergency admission

Medicaid Eligibility Status: (check 1 item)

_____ Medicaid eligible on admission

_____ Pending Medicaid on admission

_____ **No evidence of Medicaid on admission**

_____ Applied for Medicaid during stay

_____ Applied for Medicaid after discharge

At the time of admission, the interdisciplinary team certifies the following:

1. Ambulatory care resources available in the community do not meet the treatment needs of the recipient.
2. Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the direction of a physician.
3. The acute inpatient services can reasonably be expected to improve the recipient's condition or prevent further regression so that services will no longer be needed.

_____/	_____	_____
Physician Team Member Signature	Print name/Title	Date (Mo/Day/Yr)
_____/	_____	_____
Other Team Member Signature	Print name/Title	Date (Mo/Day/Yr)

FOR Independent Contractor USE ONLY:

Date: _____ Reviewer: _____ Results: _____ Start Date: _____

Revised 11/01